



Volunteer Refund Voucher

Name of Volunteer: _____

Last name of player, if different from Volunteer: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ E-mail _____

Activity performed (circle volunteer activity)

- | | | |
|---|---------------------------------------|-------------------------------|
| TMT – Team Manager Baseball Tee-Ball | TCT – Team Coach Tee-Ball | BAT – Bat-A-Thon® |
| TMBT – Team Manager Baseball Transition | TCBT – Team Coach Baseball Transition | BOD – Board of Directors |
| TMBN – Team Manager Baseball Minors | TCBN – Team Coach Baseball Minors | FD – Fundraising & Dev. |
| TMBM - Team Manager Baseball Majors | TCBM – Team Coach Baseball Majors | RE - Registration |
| TMST – Team Manager Softball Transition | TCST – Team Coach Softball Transition | GS – Golf Sponsor |
| TMSN – Team Manager Softball Minors | TCSN – Team Coach Softball Minors | GS – Golf Sponsor |
| TMSM – Team Manager Softball Majors | TCSM – Team Coach Softball Majors | PC – Parade Committee |
| TMSJ – Team Manager Softball Seniors | TCSJ – Team Coach Softball Seniors | SB – Snack bar Oversight Cmte |
| TP – Team Parent | TS – Team Sponsor | TO – Tryouts |
| U - Umpire | Y – Yearbook | YB – Yearbook Ads |

Other: _____

Team: _____
(Manager’s name, sponsor’s name, level of play --T-ball, AA, Majors, etc.)

Please sign& date): _____ Date: _____

Volunteer Coordinator Signature: _____ Date: _____
(Signature & date)

Recommending League Official: _____

<p>For League use only</p> <p>Check issued: _____</p> <p>Check number: _____</p> <p>Date: _____</p>

<p>Print form and mail to:</p> <p>P.O. Box 222</p> <p>McLean, VA 22101-0222</p> <p>Or fax to: 703-847-6413</p>
--